

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SUTURE LOOP ANCHOR
Attorney Docket Number::	022956-0236
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Karl
Middle Name::	S.
Family Name::	Reese
City of Residence::	West Roxbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	7 Maplewood Street, #9
City of mailing address::	West Roxbury
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02132

**Correspondenc Information**

Correspondence Customer Number:: 021125

**Representative Information**

Representative Customer Number:: 021125

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